



SANTA ROSA COUNTY DEVELOPMENT SERVICES

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Rezoning Application

* For Rezoning only – no Future Land Use Map (FLUM)

Amendment required

** Application Instructions begin on Page 4

** For Official Use Only **	
Application No. _____ - R - _____	Date Received: _____
Review Fee: \$ _____	Receipt No.: _____
Zoning District: _____	Proposed Zoning District: _____

Property Owner Property Owner Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Applicant Check here and skip this section if the applicant is the Property Owner. Otherwise, complete this section and provide authorization from the Property Owner giving the Applicant the authority to pursue rezoning approvals.

Company: _____

Contact Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Property Information

Parcel ID Number(s): _____

-OR-

Street Address of property for which the Rezoning is requested:

Subdivision Name (if applicable): _____

Project Details

Size of parcel (in acres or square footage) to be considered for the Rezoning.

Existing Zoning: _____ Proposed Zoning: _____

Existing FLUM: _____

If the amendment is granted, the property will be used for (Please be as specific as possible):

Facility Capacity Analysis

You must provide information concerning the site's access to potable water, sewage disposal solid waste disposal, roads, and stormwater control. If potable water and/or sewage are to be provided by a utility, you must attach a letter from the servicing utility provider that certifies Adequate capacity is available to serve the site requested for rezoning.

Potable Water Source (check one):

- Private Water Well(s)
- Private Community System Provider: _____
- Public Water System Provider: _____
(Attach Letter of Certification)

Sewage Disposal Source (check one):

- Private Septic Tank
- Private Sewage System Provider: _____
- Public Sewage System Provider: _____
(Attach Letter of Certification)

School Capacity (for rezoning requests involving more than 10 acres of property or proposed for residential development of more than 10 dwelling units per acre):

Staff will submit a school impact analysis to the Santa Rosa County School Board requesting a determination of student capacity. In the event that there is not adequate capacity available as calculated, the School Board shall entertain proportionate share mitigation; and, if the proposed mitigation is accepted, enter into an enforceable and binding agreement with the affected local government and the developer.

Certification and Authorization

1. By my signature hereto, I do hereby certify that the information contained in this application is true and correct, and understand that deliberate misrepresentation of such information will be grounds for denial or reversal of this application and/or revocation of any approval based upon this application.
2. I do hereby authorize County staff to enter upon my property at any reasonable time for purposes of site inspection.
3. I do hereby authorize the placement of a public notice sign(s) on my property at a location(s) to be determined by the County staff.
4. If applicable, I do hereby authorize the Agent shown as the applicant on this application to act on my behalf in all matters pertaining to this Rezoning application.

Property Owner Name (Type or Print)

Property Owner Signature

Title (if applicable)

Date

Instructions:

1. Complete application and submit along with the following: (Your application is not deemed complete until all required information is received.)
 - a. Include the application fee of \$1,000.00 plus \$1.77 for each letter to be addressed to each property owner with a 500' or 1,500' radius of the property lines. (NOTE: For property located within the Rural Protection Zone, notification is required for all parcels located within 1,500' of the involved property.) **Exact fee amounts are determined upon application submittal to avoid excess fees that may result from duplicate mailing labels. Therefore, please do not calculate your fee until Planning & Zoning Staff verifies the specific amount due. Checks made payable to Santa Rosa County are due upon application submittal to the Community Planning, Zoning, and Development Division. Credit Card payments are subject to a service fee.**
 - b. A copy of the conceptual site plan (plot plan or site layout) showing any proposed development and demonstrating its compatibility with existing land uses. If rezoning to PUD or PBD, a master plan meeting the checklist requirements of LDC Article 6 (Section 6.05.12 for PUD and Section 6.05.13 for PBD) is required. Additionally, a pre application meeting with the Community Planning, Zoning and Development Division Staff is strongly encouraged prior to submittal of a PUD or PBD rezoning request.
 - c. The following information from the Property Appraiser's Office located at 6495 Caroline Street Suite K in Milton (850-983-1880) (It is suggested that the Property Appraiser's office at least one week in advance of your application submittal to ensure you receive them by the posted deadline date.):
 - i. A printout with a parcel map, indicating all of the surrounding property owners within 500' or 1,500' of the applicant's property for the requested action. (NOTE: For property located within the Rural Protection Zone, notification is required for all parcels located within 1,500' of the involved property.)
 - ii. Mailing labels with the surrounding property owner's names and addresses to be obtained from the Property Appraiser's Official Tax Records.
 - iii. The Property Appraiser's parcel map of the proposed site identifying the selected property owners within 500' or 1,500' radius.
 - d. A copy of Availability Letters from the Water and Sewer Provider.
 - e. A copy of a certified boundary survey of all property requested for rezoning if required. (NOTE: If only a portion of a parcel is requested for rezoning, include a survey of the specific portion of the property requested for change.)
 - f. Proof of ownership of the parcel to be rezoned.
 - g. If the property has jurisdictional wetlands, provide a copy of a Jurisdictional Wetlands Survey.
2. Application must be submitted to the Community Planning, Zoning and Development Division at least 30 business days prior to the next regularly scheduled meeting of the Local Planning Board.

Rezoning Application Checklist

- ____ 1. Owner(s) Name, Home Address, Email and Telephone Number
- ____ 2. Proof of Ownership
- ____ 3. Authorized Agent Name, Address, Email and Telephone Number (if applicable)
- ____ 4. Agent Authorization (if applicable)
- ____ 5. Property Information (for parcel and/or specific portion thereof requested for change):
Street Address (if applicable) _____
Parcel ID Number(s) _____
Intended Use of Property _____
- ____ 6. Certified boundary survey of all property requested for rezoning (if required)
NOTE: If only a portion of a parcel is requested for rezoning, include a survey of the specific portion of the property requested for change.
- ____ 7. Conceptual site plan of proposed development demonstrating compatibility with existing land uses (*If rezoning to PUD or PBD, a master plan meeting the checklist requirements of LDC Article 6 is required.)
- ____ 8. Jurisdictional Wetlands Survey (if applicable)
- ____ 9. Signature of owner and agent (if applicable)
- ____ 10. Application Fee (calculated at the time of application submittal)
- ____ 11. Certified list of property owners within 500 ft. radius (1,500 ft. within Rural Protection Zone)
- ____ 12. Labels with the surrounding property owners' addresses (2 sets)
- ____ 13. Availability Letters from Water and Sewer Provider